

3738  
COPY OF PAPERS  
ORIGINALLY FILED



Please type a plus sign inside this box →

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/027,134
		Filing Date	December 20, 2001
		First Named Inventor	Parris S. Wellman et al.
		Group Art Unit	3738
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	1	Attorney Docket Number	102863-17

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

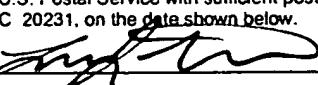
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	NUTTER MCCLENNEN & FISH LLP Lisa J. Michaud Registration No. 44,238
Signature	
Date	March 6, 2002

### Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 6, 2002

Signature: 

(Lisa J. Michaud)

RECEIVED  
U.S. PATENT & TRADEMARK OFFICE  
MAR 12 2002  
10/027,134  
ROTM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant(s): Parris S. Wellman et al.

Application No: 10/027,134

Filing Date: December 20, 2001

Entitled: **BIPOLAR ABLATION ELECTRODES  
AND METHOD OF USE**

Atty. Docket No: 102863-17

Group Art Unit: 3738

Examiner: Not Yet Assigned

L. Parris  
6-7-02  
#3/Patent A  
RECEIVED  
TC 3700 MAIL ROOM  
MAR 14 2002

Certificate of Mailing (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is being deposited with the United States Postal Service Post Office as first class mail in an envelope addressed to: BOX NON-FEE AMENDMENT, Assistant Commissioner for Patents, Washington, DC 20231 on the date set forth below.

March 6, 2002

Date of Signature and Mail Deposit

By:

  
Lisa J. Michaud, Reg. No. 44,238  
Attorney for Applicant(s)

BOX NON-FEE AMENDMENT  
Assistant Commissioner for Patents  
Washington, DC 20231

PRELIMINARY AMENDMENT

Dear Sir:

Prior to examining the above-referenced patent application, please amend the application as follows:

In the Specification

On page 1, please delete paragraph 1, lines 3-7, and replace it with the following: